

## PART B - FEE(S) TRANSMITTAL

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23696      7590      09/04/2008

**QUALCOMM INCORPORATED**  
**5775 MOREHOUSE DR.**  
**SAN DIEGO, CA 92121**

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,441	01/25/2002	Ivan Fernandez-Corbato	010379	9642

TITLE OF INVENTION: SYSTEM AND METHOD FOR WIRELESS SIGNAL TIME OF ARRIVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/04/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ORTIZ RODRIGUEZ, CARLOS R	2123	703-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Andrea L. Mays 2 Linda G. Gunderson 3 Thomas R. Rouse
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

QUALCOMM Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, California, US

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 170026 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input checked="" type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature 

Date November 24, 2008

Typed or printed name Linda G. Gunderson

Registration No. 46,341

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